



# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004, Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110.00

## Complete if Known

|                      |                        |
|----------------------|------------------------|
| Application Number   | 10/695,419-Conf. #4483 |
| Filing Date          | October 27, 2003       |
| First Named Inventor | Linlin Chen            |
| Examiner Name        | T.H. Parsons           |
| Art Unit             | 1745                   |
| Attorney Docket No.  | 291958171US4           |

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order

☐ Deposit Account ☐ None

Deposit Account Number  
50-0665

Deposit Account Name  
Perkins Coie LLP

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

To the above-identified deposit account.

☐ Other (please identify):

## FEE CALCULATION (continued)

### 2. EXTRA CLAIM FEES

| Fee Description   | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20  | 18       | 9                     |
| Each independent claim over 3   | 88       | 44                    |
| Multiple dependent claims   | 300      | 150                   |
| For Reissues, each claim over 20 and more than in the original patent | 18       | 9                     |
| For Reissues, each independent claim more than in the original patent | 88       | 44                    |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

- 20 or HP =  $\frac{\text{Total Claims} - 20}{\text{HP}}$  x Fee (\$)

HP= highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

- 3 or HP =  $\frac{\text{Indep. Claims} - 3}{\text{HP}}$  x Fee (\$)

HP= highest number of independent claims paid for, if greater than 3

| Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------------------|----------|---------------|
|---------------------------|----------|---------------|

Subtotal (2) \$ 0.00

## FEE CALCULATION

### 1. BASIC FILING FEE

| Fee Description        | Fee (\$) | Small Entity Fee (\$) | Fee Paid (\$) |
|------------------------|----------|-----------------------|---------------|
| Utility Filing Fee     | 790      | 395                   |               |
| Design Filing Fee      | 350      | 175                   |               |
| Plant Filing Fee       | 550      | 275                   |               |
| Reissue Filing Fee     | 790      | 395                   |               |
| Provisional Filing Fee | 160      | 80                    |               |
| Subtotal (1) \$        |          |                       | 0.00          |

### 3. OTHER FEES

| Fee Description                     | Fee (\$) | Small Entity Fee (\$) | Fee Paid |
|-------------------------------------|----------|-----------------------|----------|
| 1-month extension of time           | 110      | 55                    |          |
| 2-month extension of time           | 430      | 215                   |          |
| 3-month extension of time           | 980      | 490                   |          |
| 4-month extension of time           | 1,530    | 765                   |          |
| 5-month extension of time           | 2,080    | 1,040                 |          |
| Information disclosure stmt. Fee    | 180      | 180                   |          |
| 37 CFR 1.17(q) processing fee       | 50       | 50                    |          |
| Non-English specification           | 130      | 130                   |          |
| Notice of Appeal                    | 340      | 170                   |          |
| Filing a brief in support of appeal | 340      | 170                   |          |
| Request for oral hearing            | 300      | 150                   |          |

Other: 1814 Statutory Disclaimer 130.00

Subtotal (3) \$ 130.00

## SUBMITTED BY

|                   |                |                                   |                  |           |                |
|-------------------|----------------|-----------------------------------|------------------|-----------|----------------|
| Signature         |                | Registration No. (Attorney/Agent) | 38,264           | Telephone | (206) 359-8000 |
| Name (Print/Type) | Paul T. Parker | Date                              | December 8, 2004 |           |                |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV528705936US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 12/8/04 Signature: (Melody Almberg)